

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 6 — 0 3 9

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 1996

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.10, 42 CFR 447.200 Subpart C.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Page 2

7. FEDERAL BUDGET IMPACT:

a. FFY 1996-97 \$ &lt;293,898 &gt;\*

b. FFY 1997-98 \$ &lt;321,505 &gt;\*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):~~XXXXXX~~ (TN-94-32)

\*\*TN-94-32

10. SUBJECT OF AMENDMENT:

The purpose of this amendment is to remove rehabilitation hospitals from the list of  
speciality hospitals, and include them as non-teaching hospitals for reimbursement  
purposes.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Bobby P. Jindal

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 23, 1996

16. RETURN TO:

State of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
P. O. Box 91030  
Baton Rouge, Louisiana 70821-9030

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 31, 1996

18. DATE APPROVED:

October 10, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 1996

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

~~Steve Meador~~

Calvin G. Cline

22. TITLE: Associate Regional Administrator  
Division of Medicaid23. REMARKS: \*Pen and Ink Change showing a decrease in expenditures, per State's Request of  
February 27, 1997.\*\*Pen and Ink Change showing corrected superseded page per State's request of  
September 7, 2000.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-A  
Item 1, Page 2

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

- B. Effective for dates of service on or after July 1, 1994, Medicaid reimbursement for inpatient hospital services in a non-state operated hospital will be made according to prospective per diem rates for various peer groups of hospitals/units.

Exception: Reimbursement for the following specialty units differs from the methodology in Item B. , and each is calculated using a unique methodology as described in the specified letter location under Section I. Costs for these units are carved out of the costs for the general or specialty hospitals, and used to calculate rates specific to these units.

Hospital/Unit Type	Item Letter
Distinct Part Psychiatric Units	F
Transplant Units	G
Head Injury Neurological Rehab Care Units	H

1. Peer Groups

- a. The five general hospital peer groups are:

- (1) Major teaching hospitals
- (2) Minor teaching hospitals
- (3) Non-teaching hospitals with less than 58 beds
- (4) Non-teaching hospitals with 58 through 138 beds
- (5) Non-teaching hospitals with more than 138 beds

- b. Separate peer group payment rates are established for each group of these specialty hospitals:

- (1) Long-term (ventilator) hospitals
- (2) Children's hospitals

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>12-31-96</u>	
DATE APPO'D <u>10-10-00</u>	
DATE EFF <u>10-01-96</u>	
HCFA 1/2 <u>9639</u>	

- c. Separate peer group payment rates are established for each group of resource-intensive inpatient services listed below. Costs for these units are carved out of the costs for the general or specialty hospitals listed above, and used to calculate rates specific to these units.

TN# 9639 Approval Date 10-10-00 Effective Date 10-01-96  
Supersedes  
TN# 9432